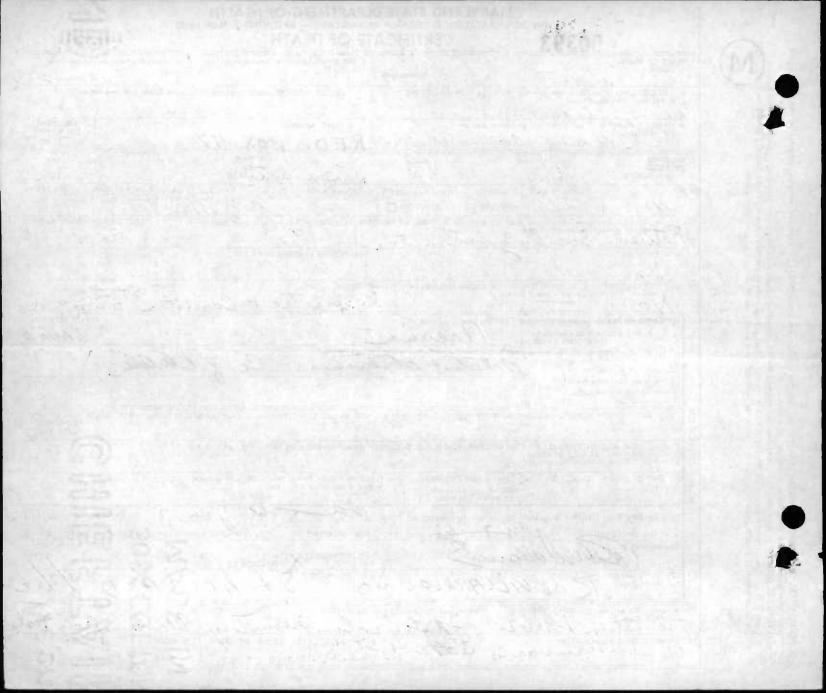
VR A1S (4) 15M 9/59

MARYLAND	STATE	DEP	ARTMEN	T OF	HEALTH	
SION OF STATISTICAL	RESEARCH	AND	RECORDS -	BALTIN	AORE I, MARY	

00200

DIV LAND CERTIFICATE OF DEATH

UU393 Item Chillion	G405 1/17/62 int
1. PLACE OF DEATH o. COUNTY Calvert MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION OR INSTITUTION	R.F.D. BOX 47  e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Banish Day Yeor Banish DEATH  1962
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In years lost birthday) 12 /2 2/18/0   11/17 yrs.  15 UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRIBLE OF WORKING life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME The Barreston	Margaret Hozen
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN (Yes_no. or unknown) (If yes, give war or dates of service)	Remette & Banistan mand
1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO	INTERVAL BÉTWEEN ONSET AND DEATH DEATH AND DEATH AND DEATH AND DEATH AND DEATH AND DEATH AND DEATH DEATH AND DEATH AND DEATH AND DEATH AND DEATH AND DEATH AND DEATH DEATH AND DEATH AND DEATH AND DEATH AND DEATH AND DEATH AND D
Conditions, if ony, which gave rise to immediate couse (o), stoting the under-lying cause last.  (b) Thursd DOSE  (b) Thursd DOSE  (c)	hvelm - Co & Bladdle
CCATIC	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II af item 18.)
ZOc. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED for the p. m. 19 While at work at work	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ctory, street, office bldg., etc.)
	death accurred atM, from the causes and an the date stated abave.
220. SIGNATURE COMPILLATION S	M.D. PHYS.   MED. STAFF   22b. DATE SIGNED   PHYS.
NAME (Type) C & T UILLARREAL M	of Stheonard 1/62
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY O	olin Grematory Bladensbury mad
24. FUNERAL DIRECTOR'S SIGNATURE US & DDRESS 2 M. &	M 24 250. REC'D BY REGISTBAR 25b. REGISTRAR'S SIGNATURE CLOSE DATE AN 1 1 62 C. May S. Have



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o. county Calvert			MARYLAND	2. USUAL RESIDENCE (W		county Prince		/
RURAL and give ne		ts, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate lin	nits, write RURAL	ond give ne	earest fown)
Prince Fr	AL (If not in hospital, g	ive street	oddress)	Suitland d. STREET ADDRESS			160	e. IS RESIDENCE
OR INSTITUTION	At (II not in nospilot, g	ive sireer t	ouress,		P1 09			ON A FARM
Calvert C	county Hosp	ital		37- Randall	Moad SE			YES NO
3. NAME OF DECEASED (Type or print)	Fir	st .	Middle	Burton	4. DATE OF DEATH	Month anuary 1	8	19 6
5. SEX		7. MARR	IED NEVER MARRIED	B. DATE OF BIRTH	9. AG	E (In years IF U		R IF UNDER 24 H
Male	White	WIDOWE	D DIVORCED	August 13.		birthdoy) Mor	nths Doys	Hours Mir
10a. USUAL OCCUPATIO during most of work Retired	DN (Give kind of work a ing life, even if retired	1	kind of Business or Indu		or foreign country)	, 11	2. CITIZEN O	F WHAT COUNT
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME			
Richard A	Burton			Sadie Tra	ail			
15. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17.	NFORMANT		Address		
(Yes, no. or unknown)	(If yes, give war or dates of s	ervice)	Man	s. Mildred Bw	nton 37	Frehee	Pond	Suitlan
I CAUCE OF DEA	TH [Enter only one co	1		S. MITTOTEO DO	100119	Lanuall		TERVAL BETWEEN
	TH WAS CAUSED BY: IMMEDIATE CAUSE (o	, (	iercum	hung			ON	SET AND DEATH
Conditions, if or gove rise to it couse (a), stating lying couse lost.	mmediote (		a y cm					
PART II. OTH		ž.	ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	IINAL DISEASE CON	DITION GIVEN IN	V PART I(o)	19. WAS AUTOP PERFORMED? YES NO
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCCURRI	ED. (Enter noture of injury in	Port I or Port II of	item 1B.)		
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Ye	20d. It While of worl	Not while fo	LACE OF INJURY (Home, forroctory, street, office bldg., etc.		vn)	(County	r) (Sto
21. I certify that		pattend ) an	ed the deceased fram.	death accurred at				hat (I) (we) le
220. SIGNATURE	Kelli	ela	nup	ATTENDING M	AED. STA	FF		224 DATE
22c. PHYSICIAN'S NAME (Type) Robert	co de Villa	rreal	. M. D.	22d. ADDRESS St. Leona	ard, Md.			
23a. BURIAL, CREMATIO	Jan. 20-		23c. NAME OF CEMETERY C		Suitlan	City, town, or coo		(Stote)
24. FUNERAL DIRECTOR	s signature	100	ADDRESS 1661 Lood	1 25a. REC	'D BY REGISTRAR AN 1 9 '62	25b. REGISTRAI	R'S SIGNATI	

uld be filed with PHYSICIAN: The law requires that the deoth certificate be executed within 24 haurs after dea may be retained. The hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the construction of completely filled in by the construction of the construc eath. page 3 shauld be detached far use as the burial-transit permit. Then pleose remove corbon papers. the State Board of Health prior ta burial, cremation, or remaval, and in any event, within 72 hours after TO HOSPITAL OR VR A15 (4) 15M 9/59

THE BRIGHT LINDSHIFT -IC Committee 13, \$5,600 #E-1207 L. T. L. P. L. P. L. T. L. P. L. P. L. T. L. P. L. P. L. T. L. P. L. P BOTH THE PARTY OF Reservo de thi newerl, . . . . . Tenniul, in. . business that I the Island of the control of the

MARYLAND STATE DEPARTMENT OF HEALTH STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND FOR STATE Ttem 2 Film 0305 USUAL RESIDENCE (Where decessed lived, if institution: Residence before edmission) I. PLACE OF DEATH e. COUNTY e. STATE b. COUNTY Calvert MARYLAND Maryland b. CITY OR TOWN (if outside corporete limits, c. CITY OR TOWN (It outside corporete limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 16 write RURAL end give nearest town) Board of h Prince Frederick Prince Frederick d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS I 3 to the funeral dy be retained for with the State Boa NAME OF First Middle 4. DATE Month DECEASED (Type or print) DEATH 2 with the CHEW Jan. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5 SEX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR last birthdey) Months pue WIDOWED I DIVORCED 2 d 02 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? M3. Pages 1, 2, M3. Page 5 pages 1 and within 72 h done during most of working life, even if retired) Truck driver Hauling Maryland Give Pages rrm PM3. Pa File pages 1 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Chew Marv Reynold 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address permit. (Yes, no, or unkown) | (If yes give wer or detes of service) Christine Chew . Huntingtown , Md with 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] ing" in pencil in It sr's Office along v is a burial-transit removal, and in PART I. DEATH WAS CAUSED BY-Hypertensive cardiovascular disease IMMEDIATE CAUSE (e) DUE TO This certificate should Conditions, if eny, "pending" geve rise to immediate cause Examiner's DUE TO (e), steting the underlying 88 writing the word "pendi to Chief Medical Examine Page 3 should be used a r to burial, cremation, or cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)) 19. WAS AUTOPSY CERTIFICATION Found dead in truck 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) 2De. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 2Df. (City or town) fectory, street, office bldg., etc.) While Not While 19 62 of work 1/6 Prince Frederick, Calvert, Md. et work Home 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry Natural causes Suicide Undetermined manner death resulted from: Accident Homicide CHIEF MEDICAL EXAMINER DOC ACTUAL ASSISTANT MEDICAL EXAMINER 1 DS M.D. SIGNATURE

please execute the certificate, wr 4 should be forwarded to the CO FUNERAL DIRECTOR: Pag or its designated agent, prior to DEPUTY 0 Q40 p VS. A15ME SM 9/60

EXAMINER'S

REMOVAL (Specify)

220. BURDAL, CREMATION, 226. DATE THEREOF

NAME (Type)

23. FUNERAL DIRECTOR

Youngs

Russell S. Fisher, M. D.

22d. LOCATION (City, town, or country) Huntingtown

240. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE

Penkney E. Sewell. Prince Fred, Nd DATE

22c. NAME OF CEMETERY OR CREMATORY

DEPUTY MEDICAL EXAMINER

Address (Street, city, town, or county)

(County)

Calvert

Day

e. IS RESIDENCE

Year

1962

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

NO 4

(Stete)

and in my opinion

DATE SIGNED

6, 1962

(State)

Md,

ON A FARM? YES NO

a delimentary conde RELIGIOUS TO THE essenting the property of the property of TO SECURE A PROBLEM PRINCE the previous professions easily SECT . 2 . ALDER The state of the s Andrew F. Sierell Prince Frederich

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2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

b. COUNTY

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

MARYLAND

erol director, be filed with uld be filed th P 2 campletely fifled pup physician please remave ottending or attending physician.

certificate has been signed by
e as the burial-transit permit.

1. PLACE OF DEATH

a. COUNTY

dear Parol Id be f		-	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest lown) RURAL and give nearest town)  RURAL and give nearest town)
by the	X	(	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES NO
in 24 hou filled in ges 1 and		(	NAME OF SECEASED Type or print)  First Rayrer Cay 4. DATE OF DEATH Day Year OF DEATH Jan. 19, 196
d with oletely rs. Po ofter de		5. S	EX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS lost birth bloy) WIDOWED DIVORCED Min.
d camp		-	USUAL OCCUPATION (Give kind of work dane down work dane during mast of Vorking life, even of retired)  Tarring Cabrello, Med  12. CITIZEN OF WHAT COUNTRY  Cabrello, Med  12. CITIZEN OF WHAT COUNTRY
icote be e rsician and rve carbor within 72			M. Echward Cox Besse Granford
ng ph)	I)	15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Jopor unknown (If yes, give wor or dates of service)  No Marcha Turned Sundaland, Mag
the death the ottendi Then pleas		1	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), ond (c).]  PART I. DEATH WAS CAUSED BY:    MMEDIATE CAUSE (a)   CANCER OF THE PANCREASE    DUE TO   D
on: signed by is sit permit.	A .		Conditions, if ony, which gove rise to immediate couse (o), stating the under-lying cause lost.  (b) SEVERE (MMARIATION)  (c)
physicic las beer ial-trans	0	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d)  19. WAS AUTOPSY PERFORMED?  YES NO
tan: Ti rending ficate h the bur al, crem		CERTIFI	20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  ON CONTRIBUTING  ON CONTR
PHYSIC al ar at this cert this cert		MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a.m.  p. m.  19  20d. INJURY OCCURRED While Nat while of work of wor
he haspit R: After ached fo			21. I certify that (I) (this haspital) attended the deceased fram. Nov. 13
RECTO be det			22d. SIGNATURE  ATTENDING  ATTENDING  MED.  DIRECTOR   STAFF   1/20/62 SIGNER  22c. PHYSICIAN'S   22d. ADDRESS
RAL DI should te Boor	1		Tasam F. El-DAMAlouji, M.D. PRINCE FREDERICK, MIZ
may be o FUNEI page 3 the State			BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town, or county) (Stote) Pan. 21, 1962 Emmanuel Cumetery Calvert Townty, Well
VR A15 (4) 15M 9/59	Show the same of t	6	FUNERAL DIRECTOR'S SIGNATURE  1. Q. Tracking ton - Suctional, Med 256 REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE  DATEJAN 2 3 '62
	D.		

A THE REPORT OF THE PERSON OF

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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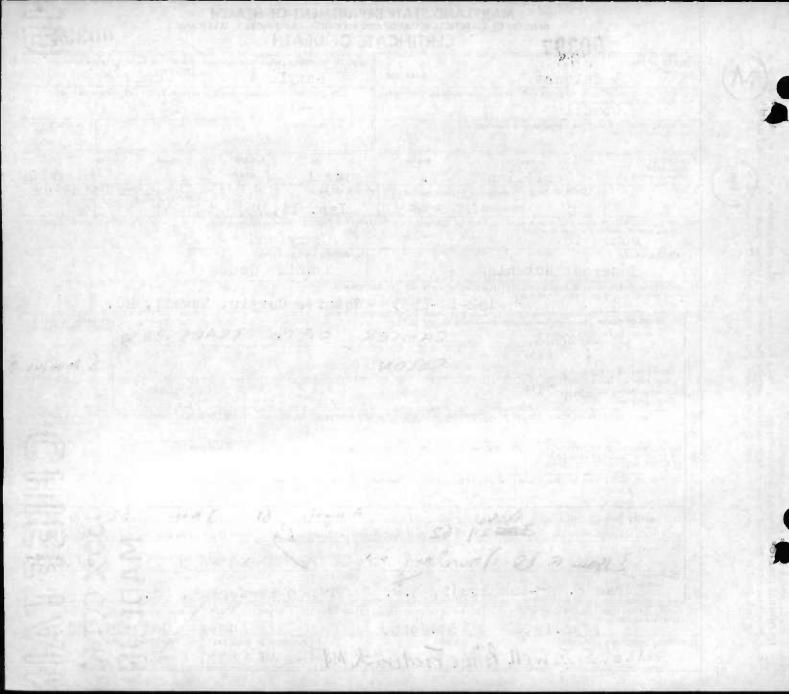
	111347		CERTIFI	CAIC	OF DEA	VIII					, (10	
1. PLACE OF DEATH o. COUNTY	Calvert		MARYL	AND 2.	usual residence. STATE Mar	ce (Whe	re deceased nd	lived. If inst b. COU	titution: Resi	vert	re admiss	sion)
RURAL ond give_t	(If outside corporate limits, neorest town) O:Wells	write c.	LENGTH OF STAY	N 1b	c. CITY OR TOW	/N (If ou	tside corpor	ote limits, wr	ite RURAL o	and give nec	rest town	n)
d. NAME OF HOSPI OR INSTITUTION	ITAL (If not in hospitol, give	e street odd	ress)		d. STREET ADDR	RESS						FARM?
3. NAME OF DECEASED (Type or print)	First Lill	ian	Middle V		Curtis	1	4. DATE OF DEATH		Month 1	Da	-	Yeor 19 6 2
s. sex	6. COLOR OR RACE 7	MARRIED	7		Jan.	14,	1898	9. AGE (In your last birthdo		DER 1 YEAR hs Doys	Hours	ER 24 HR: Min.
during most of wo	ION (Give kind of work do rking life, even if retired) IESTIC	ne 10b. KIN	ID OF BUSINESS OR	INDUSTRY		yla		untry)	12.	CITIZEN OF	WHAT	COUNTRY
3. FATHER'S NAME				14	MOTHER'S MA							
Sun	erset Hutc	hins			Nann	ie	Coat	S				
(Yes, no, or unknown)	ER IN U. S. ARMED FORCE (If yes, give war or dates of serv	15	2-14-553	1	Webster	Cu	rtis		Address		ERVAL BE	FTWFFN
Conditions, if gove rise to couse (o), stoting lying couse lost	the under-		200							(		onlu
CATIC	THER SIGNIFICANT CONDI									PART I(o) I	PERFC	AUTOPSY DRMED?
(IF ETIMER, NOTIF	AS UNDERLYING 20 G CAUSE OF DEATH Y MEDICAL EXAMINER)	Ob. DESCRI	BE HOW INJURY OC	.CURRED. (E	nter noture of in	jury in re	ort I or Port	II or Irem Ib	.,			12.3
YOUR HOUR O. m.	10	While	RY OCCURRED Not while of work	20e. PLACE foctory,	OF INJURY (Hom street, office bld	ne, farm, dg., etc.)	20f. (City	or town)		(County)		(Stote
21. I certify th	at (I) (this hospital)	dialege 5	the deceased 1		h occurred o	10 A		the couse:		9 <u>62</u> th		
	55 m F. E	2-1/0		. & M.D.	ATTENDING PHYS.	MEI		STAFF PHYS.			1/1	8 6
22c. PHYSICIAN'S NAME (Type)	am F. EL-D	amal	ouji, M.	<b>b</b> .	22d. ADDRESS Princ	e F	rede	rick,	Md.			
23a. BURIAL, CREMATI REMOVAL (Specify	Jan.19,6		St.Joh		EMATORY		-	ON (City, to		rert,	(Sto Md	
24. FUNERAL DIRECTO	and page .	11, Pni	ADDRESS MC & Fred	prich			BY REGISTI	762 25b.	REGISTRAR'S	s SIGNATU		

PHYSICIAN: The law requires that the death certificate be executed within 24 haurs aft may be retained to he haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 the State Board of Health prior to burial, crematian, or remaval, and in any event, within 72 haurs after death.

TO HOSPITAL OR

VR A1S (4) 1SM 9/59



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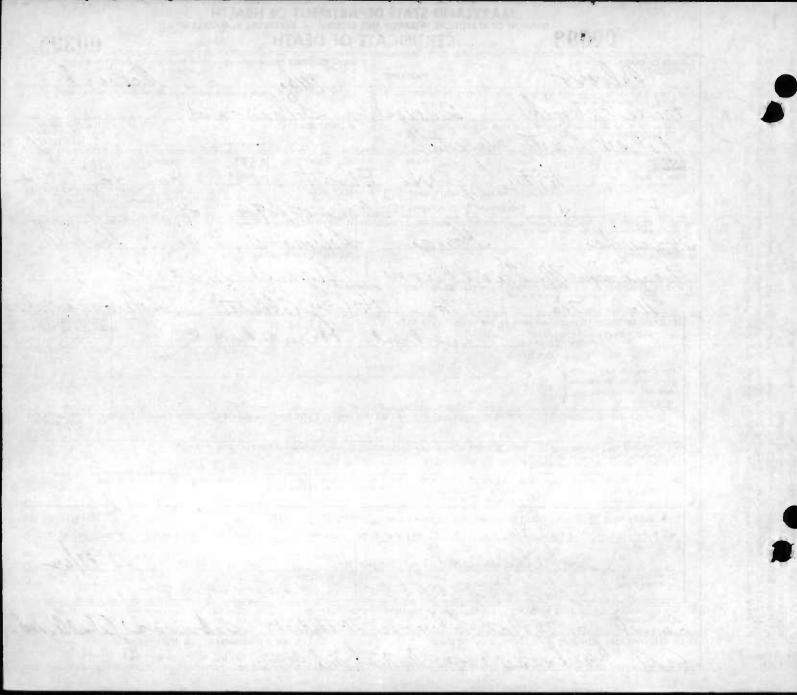
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1.	o. COUNTY alovest	MARYLAND	2. USUAL RESIDENCE (W o. STATE		institution: Residence be OUNTY	efare admission)
	b. CITYOR TOWN (If autside carporate limits, wr BURAL and give notjest tayn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporote limits,	write RURAL and give r	nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give st OR INSTITUTION	Haspital	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)	Middle	Elliott	4. DATE OF DEATH	Month 2	Day Year 1962
5.	· /	MARRIED NEVER MARRIED DOWED DIVORCED	Moles 12 1	S92 9. AGE for last but		AR IF UNDER 24 HRS. s Haurs Min.
10	a. USUAL OCCUPATION (Give kind of work done during most af working life, even if retired)	106. KIND OF BUSINESS OR INC	OUSTRY 11. BIRTHPLACE (State	or foreign country)  Ma	12. CITIZEN	OF WHAT COUNTRY?
13	Thensemin M. 1	Todhum	14. MOTHER'S MAIDEN	NAME SON	and	
	WAS DECEASED EVER IN U. S. ARMED FORCES?		Harvey Col	With	Solam	one md.
	PART I. DEATH (Enter only one cause property of the cause	er line far (a), (b), and (c).]	l Hemr	whogl		NTERVAL BETWEEN NSET AND DEATH
CATION		INS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERM	INAL DISEASE CONDITI	ON GIVEN IN PART 1(o	19. WAS AUTOPSY PERFORMED? YES NO
CERTIF		DESCRIBE HOW INJURY OCCUR	RED. (Enter noture of injury in	Part I or Port II of item	18.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 2 Hour a. m. 19 o		PLACE OF INJURY (Home, for foctory, street, office bldg., et		(Count	ty) (Stote)
3	21. I certify that (1) (this haspital) at saw the deceased alive an	25()		M, from the caus		that (I) (we) last ate stated above.
	220. SIGNATURE du VIII	ment	M.D. PHYS.	AED. STAFF PHYS.		27/6 2 SIGNED
	22c. PHYSICIAN'S NAME (Type)	ZOARKER	22d. ADDRESS S	Then	ist,	w
23	BO. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY Methodist	23d. LOCATION (City,	nones la	lest 6. M
24	FUNERAL DIRECTOR'S SIGNATURE	18 Son Minte	tal Medi DATE J.		Chilling S. H	

director, TO HOSPITAL OR ACTEND PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after may be retained the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shouthe State Board of Health priar to burial, cremation, or remayal, and in any event, within 72 hours after death.

VR A1S (4) 15M 9/59



# MARYLAND STATE DEPARTMENT OF HEALTH BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH RECORDS, 301 W. PRESTON FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. PLACE OF TRATH 2. USUAL RESIDENCE (Where degeased livad, If institution, Residence balora applission) a. COUNTA Page b. COUNTY of Health, a. STATE files. MARYLAND OR TOWN (if outside corporate li Tie corporete c. LENGTH OF STAY IN 16 rite RURAL and give nearest town) should be executed within 24 hours after death. It any versign in pencil in from 18. Give Pages 1, 2, and 3 to the funeral discontinuous solution of the second with form PM3. Page 5 may be retained for solution of the second with from PM3. Pages 1 and 2 with the State Board Second be retained for y NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 5 3. NAME OF Middle DATE Lask 4. Month DECEASED OF (Typa or print) DEATH 6. COLOR OR RACE NEVER MARRIED DATE OF BIRTH 5. SEX В. AGE (In years | IF UNDER 1 YEAR | Months | Days 7. MARRIED Months WIDOWED DIVORCED 10a USUAL OCCUPATION (Give find of work does during most of working liled even if retired) WIND OF BUSINESS OR BIRTHPLACE (State or foreign country) FATHER'S NAME 14. MOTHER'S MAIDEN NAME This certificate should be executed within 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address 17. INFORMAN (Yes, no, or unkown) | (If yasgive wer og dates of service) Office along with burial-transit permi 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) DUE TO removal, Conditions, if any, which (b) "pending" geve rise to immediata causa Examiner's 40 DUE TO (e), stating the undarlying 88 ŏ cause lest used cremation, OTHER SIGNIFICAND CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION 200 e tertificate, writing the word Medical should 2De. EXTERNAL CAUSE WAS ESCRIBE HOW INJURY OCCURED. (Enter nature of Injury In Part I or Part II of itam 18.) 20Ь. PRIMARY S or CONTRIBUTING [] KAMINER: burial, Chief Month, Day, Year 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY should be forwarded to the Chi FUNERAL DIRECTOR: Page a fory, streat, offica bldg., atc.) 2 While Not While at work designated agent, prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Suicide Homicide death resulted from Natural cause Accident CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER M.D. DEPUTY M ease execute SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, town, or

TO 940

VS. A15ME

5M 7/59

and in my opinion Undetermined manner DATE SIGNED 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY (Stete) 22d. LOCATION (City, town, or country REMOVAL (Specify) ò 24a. REC'D BY REGISTRAR | 24% REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS DANAN Circing S. Thous

a. IS RESIDENCE ON A FARM? YES NO

190

IF UNDER 24 HRS.

Min.

Hours

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

(Stata)

12. CITIZEN OF WHAT COUNTRY?

Dey

Deys

SECTION OF A STREET STREET, SALE OF SECTION OF A STREET, STREET, SALE OF SECTION OF A STREET, SALE OF A ST 

N	OF	STATISTICAL	RESEARCH	AND	RECORDS	- BALT
		CEI	DTIELC	ATE	OF	LEATH

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PERFORMED? YES NO  20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)  20c. TIME OF INJURY Month, Doy, Year Hour o. m. 19 Not while of work   19 Not while o													
D. CITY OF TOWN If outside corporate limits, write RURAL and give secrets fown)  Prince Predarick Md A NAME OF NOSSITAL If mot in hospide, give street oddress)  OR NATIONAL COUNTY HOSPITAL  Node  Prince Predarick Md A NAME OF NOSSITAL If mot in hospide, give street oddress)  OR NOSSITAL If mot in hospide, give street oddress)  OR NAME OF DEATH COUNTY HOSPITAL  Node  First  Middle  Cay  First  Middle  Cay  First  Node  Cay  Node  Cay  Node  Cay  Node  Cay  Node  Cay  Node  Cay  Node  Node  Cay  Node	o. COUNTY			MARYLAND	o. STATE		deceased liv	b. COUNTY		nce befo	re admis	sion)	
RUAL ond give necessed bown Prince Frederick, Md  d. NAME OF HOSPITAL (If not in hospifal, give street oddress)  AMME OF HOSPITAL (If not in hospifal, give street oddress)  Calvert County Hospital  AMME OF ROSPITAL (If not in hospifal, give street oddress)  AMME OF ROSPITAL (If not in hospifal, give street, give street			te weite a LEN		Maryland Carvert								
d. NAME OF ROSEITAL (Flore in hospifel, give sireel address)  Calvert County Hospital  All Carvert County Hospital  I and Gray  Part   January 13   19 62  S. SEX   6. COLOR OR RACE   7. MARRIED   NORCED   January 13   19 62  S. SEX   8. COLOR OR RACE   7. MARRIED   NOVORCED   January 13   19 62  S. SEX   8. COLOR OR RACE   7. MARRIED   NOVORCED   January 13   19 62  S. SEX   8. COLOR OR RACE   7. MARRIED   NOVORCED   January 13   19 62  S. SEX   8. COLOR OR RACE   7. MARRIED   NOVORCED   January 13   19 62  S. SEX   8. COLOR OR RACE   7. MARRIED   NOVORCED   January 13   19 62  S. SEX   8. COLOR OR RACE   7. MARRIED   NOVORCED   January 13   19 62  S. SEX   8. COLOR OR RACE   7. MARRIED   NOVORCED   January 13   19 62  S. SEX   8. COLOR OR RACE   7. MARRIED   NOVORCED   January 13   19 62  S. SEX   8. COLOR OR RACE   7. MARRIED   NOVORCED   January 13   19 62  S. SEX   8. COLOR OR RACE   7. MARRIED   NOVORCED   January 13   19 62  S. SEX   8. COLOR OR RACE   7. MARRIED   NOVORCED   January 13   19 62  S. SEX   8. COLOR OR RACE   7. MARRIED   NOVORCED   January 13   19 62  S. SEX   8. COLOR OR RACE   7. MARRIED   NOVORCED   January 13   19 62  S. SEX   8. COLOR OR RACE   7. MARRIED   NOVORCED   January 13   19 62  S. SEX   8. COLOR OR RACE   7. MARRIED   NOVORCED   NO	RURAL and give ne	arest town)		NOTH OF STAT IN 1B	V		ide corporote	limits, write K	JKAL ONG	give nec	rest low	1)	
OR INSTITUTION  Calvert County Hospital  Name of Deceased (Proper Print)  Name of Deceased (Proper Print)  Negre (County Hospital)  Negre (Proper	Prince F	rederick, 1	vid.		-								
3. NAME OF THE STATE OF THE STATE OF ST	OR INSTITUTION	AL (If not in hospitol, g	ive street oddress	)	d. STREET A	ADDRESS					ON A	FARM?	
DECAMED   DEATH   January 13   19 62	_Calvert C	ounty Hosp	ital								YES [	] NO [	
S. SEX    S. COLOR OR RACE   7. MABRIED   NEVER MARRIED   12. DATE OF BIRTH   9. AGE (In year)   FUINDER 1 YEAR   IF UNDER 24. HE MAD DIVOSCED   January 13, 1962   19. Out birthdry   Months   Days   Hours   Min.   Months   Days   Months   Days   Hours   Min.   Months   Days   Months   Days   Months   Mont	DECEASED	Fir	st	Middle		st 4.	OF		-	Da	,		
Male Negre widowed Divorced January 13, 1962   January 14, 1962   January 13, 1962   January 13, 1962   January 14, 1962   January 14, 1962   January 13, 1962   January 14, 1962   January 13, 1962   January 14, 1962   January 13, 1962   January 14, 1962   Janu		16 COLOR OF PACE	7. MARRIED T	NICUCE MARRIED FOR		н .				RIYEAR			
100. USIAL OCCUPATION (Gire kind of work done)   100. KIND OF BUSINESS OR INDUSTRY   11. BIRTHPLACE (Stole or foreign country)   12. CITIZEN OF WHAT COUNTR during most of working life, even if relified)   13. FATHERS NAME   14. MOTHER'S MAIDEN NAME   13. FATHER'S NAME   14. MOTHER'S MAIDEN NAME   15. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   16. Address   16. SOCIAL SECURITY NO.   17. INFORMANT   16. Address   16. Address   16. SOCIAL SECURITY NO.   17. INFORMANT   16. Address   16.							1 10					T	
None					-		-		12 CIT	IZEN OF	WHAT	CHNTP	
13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  16. FOR THE COLOR OF DEATH [Enter only one couse per line for (6) fb), and (c).]  18. CAUSE OF DEATH [Enter only one couse per line for (6) fb), and (c).]  18. CAUSE OF DEATH [Enter only one couse per line for (6) fb), and (c).]  19. PART I. DEATH WAS CAUSED BY,  MMEDIATE CAUSE (6)  DUE TO  Conditions, if any, which gove rise to immediate gove rise to immediate locuse (a), stating the under.  (b) DUE TO  OR CONTRIBUTING   CAUSE OF DEATH OR CONTRIBUTION   COUNTRY   COUNTRY   COUNTRY   OR CONTRIBUTING   CAUSE OF DEATH OR COUNTRY   COUNTRY   COUNTRY   COUNTRY   OR CONTRIBUTING   CAUSE OF DEATH OR COUNTRY   COUNTRY   COUNTRY   OR CONTRIBUTING   CAUSE OF DEATH OR COUNTRY   COUNTRY   COUNTRY   OR CONTRIBUTING   CAUSE OF DEATH OR COUNTRY   COUNTRY   COUNTRY   OR CONTRIBUTING   CAUSE OF DEATH OR COUNTRY   COUNTRY   COUNTRY   OR CONTRIBUTING   CAUSE OF DEATH	during most of work	ing life, even if retired	)	31 803114E33 OK 1140	23161 11. 0161111	DACE (SIDIE OF	toreign count	.71	12.011	1221401	WIIAI	OUIVIK	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   Address   17.   1									US	5A			
15. WAS DECEASEDEVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   17. INFORMATION   17. INFORM	13. PATHER'S NAME	1			14. MOTHER'S	MAIDEN NAM	AE .						
Tense of Death   Enter only one couse per line for (6) to), and (c):   18. CAUSE OF DEATH   Enter only one couse per line for (6) to), and (c):   PART I. DEATH WAS CAUSED BY:   MEDIATE CAUSE (6)     DUE TO     Conditions, if only, which gove rise to immediate     gove rise to immediate     couse (a): stoling the under: (b)     DUE TO     (c)     PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART I (a)   19. WAS AUTOPS PERFORMED? YES   NO     20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED (Inter noture of injury in Port I or Port II of Item 18.)     OR CONTRIBUTING   CAUSE OF DEATH     If EITHER, NOTIFY MEDICAL EXAMINER)     20a. THOU On . m. 19 while of work   19 wo		12			Loui	se Gray	7	54.00					
18. CAUSE OF DEATH   Enter only one couse per line for (b) (b), and (c).				L SECURITY NO. 17.	NFORMANT		,	Addi	ess				
INTERVAL BETWEEN ONSET AND DEATH   Enter only one couse per line for rol. (b)   INTERVAL BETWEEN ONSET AND DEATH	4.7			L	nuise Gra	v. Owir	ogs. M	ને .					
DUE TO  Conditions, if ony, which gove rise to immediate couse (a), stating the under. lying couse lost.  Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES NO [Condition of the couse	18. CAUSE OF DEA	TH [Enter only one co	use per line for		1 51		/			INT	ERVAL BI	ETWEEN	
Conditions, if ony, which gove rise to immediate couse (o), stoling the under lying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPS PERFORMED? YES NO [CONTRIBUTING CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER]  20c. ITME OF INJURY Month, Doy, Year lost while of work	PART I. DEA	TH WAS CAUSED BY:	. ()	then at	unler	7 /	244	ak!		ONS	SET AND	DEATH	
Conditions, if ony, which gove rise to immediate course (a), stating the under lying course lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) 19. WAS AUTORS PERFORMED? YES NO CONTRIBUTING CONTRIBUTION CON	mn	1			1		2/		/	-			
gove rise to immediate couse (a), stoling the under lying couse lost.    ONE TO   ONE CONTRIBUTING   CALSE OF DEATH		6				(							
DUE TO Lying couse (a), stoting the under Lying couse lost.    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPS PERFORMED? YES NO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOITHY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)    County   Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPS PERFORMED? YES NO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOITHY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED with the country of injury in Port I or Port II of item 18.)    County   Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO PORT II or Port II of item 18.)    County   Part II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART I(a) 19. WAS AUTOPS PERFORMED? YES NO CONTRIBUTION GIVEN IN PART I(b) 19. WAS AUTOPS PERFORMED? YES NO CONTRIBUTION GIVEN IN PART I(b) 19. WAS AUTOPS PERFORMED? YES NO CONTRIBUTION GIVEN IN PART I(b) 19. WAS AUTOPS PERFORMED? YES NO CONTRIBUTION GIVEN IN PART I(b) 19. WAS AUTOPS PERFORMED? YES NO CONTRIBUTION GIVEN IN PART I(b) 19. WAS AUTOPS PERFORMED? YES NO CONTRIBUTION GIVEN IN PART I(b) 19. WAS AUTOPS PERFORMED? YES NO CONTRIBUTION GIVEN IN PART I(b) 19. WAS AUTOPS PERFORMED? YES NO CONTRIBUTION GIVEN IN PART I(b) 19. WAS AUTOPS PERFORMED? YES NO CONTRIBUTION GIVEN IN PART I(b) 19. WAS AUTOPS PERFORMED? YES NO CONTRIBUTION GIVEN IN PART I(c) 19. WAS AUTOPS PERFORMED? YES NO CONTRIBUTION GIVEN IN PART I(c) 19. WAS AUTOPS PERFORMED? YES CONTRIBUTED IN PART I(c) 19. WAS AUTOPS PERFORMED? YES CONTRIBUTED IN PART I(c) 19. WAS AUTOPS PERFORMED? YES CONTRIBUTED IN PART I(c) 19. WAS AUTOPS PERFORMED? YES CONTRIBUTED IN PART I(c) 19. WAS AUTOPS PERFORMED? YES CONTRIBUTED IN PART I(c) 19. WAS AUTOPS PERFORMED? YES CONTRIBUTED IN PART I(c) 19. WAS AUTOPS PERFORMED? YES CONTRIBUTED IN PART I(c) 19. WAS AUTOPS PERFORMED? YES CONTRIBUTED IN PART I(c) 19. W			)										
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20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While of work   20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stot) foctory, street, office bldg., etc.) 21. I certify that (I) (this hospital) attended the deceased fram		) (c	)										
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While of work   20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stot) foctory, street, office bldg., etc.) 21. I certify that (I) (this hospital) attended the deceased fram	PART II. OTH	IER SIGNIFICANT CON	DITIONS CONTRI	BUTING TO DEATH BU	T NOT RELATED TO	O THE TERMINA	L DISEASE CO	ONDITION GIV	EN IN PAI	RT 1(o) 1	PERFC	ORMED?	
20c. TIME OF INJURY Month, Doy, Year Hour o. m. 19 While of work of wo	20g. ACCIDENT WA	S UNDERLYING  CAUSE OF DEATH	20b. DESCRIBE H	IOW INJURY OCCURR	ED. (Enter noture o	of injury in Port	t I or Port II	of item 18.)					
21. I certify that (I) (this hospital) attended the deceased fram.  12. I certify that (I) (this hospital) attended the deceased fram.  13. I certify that (I) (this hospital) attended the deceased fram.  14. Italian (I) (we) la saw the deceased give on 19. Italian (I) (I) (we) la saw the deceased give on 19. Italian (I) (we) la saw the deceased give on 19. Italian (I) (we) la saw the deceased give on 19. Italian (I) (we) la saw the deceased give on 19. Italian (I) (we) la saw the deceased give on 19. Italian (I) (we) la s													
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21. I certify that (I) (this hospital) attended the deceased fram.  19. Ita 19. Ita (I) (we) la saw the deceased give on 19. Ita 19. Ita 19. Ita 19. Ita (I) (we) la saw the deceased give on 19. Ita	p. m.	19		IOI WIIIIG		o bidgi, diei,		7		_			
saw the deceased give on	or I contifee the	A /// /Abia baaaisad	\ -44		Jan C	3 .61		Tan !	7,00	L	- + (I)		
220. SIGNATURE    ATTENDING   MED. DIRECTOR   STAFF   SIGNE			·			17	- 1.10	<i>L</i>					
ATTENDING   MED.   STAFF   SIGNE    22c. PHYSICIAN'S   NAME (Type)   PHYS.   22d. ADDRESS    Roberto de Villarreal, M.D.   St. Ieonard, Md.    23o. BURIAL, CREMATION   23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City. town, or county)   (Stote)    REMOVAL (Specify)   1-15-62   Halls Creek   Calvet   Md.    24. FUNERAL DIRECTOR'S SIGNATURE   ADDRESS   25o. REC'D BY REGISTRAR   25b. REGISTRAR'S SIGNATURE   25o. REC'D BY REGISTRAR   25b. REGISTRAR'S SIGNATURE   25o. REC'D BY REGISTRAR'S SIGNATURE   25o. REC'D BY REGISTRAR   25b. REGISTRAR'S SIGNATURE   25o. REC'D BY REGISTRAR   25o. REC'D BY REGISTRAR   25b. REGISTRAR'S SIGNATURE   25o. REC'D BY REGISTRAR   25o. REC'D BY RE		ed affive on		and that	death accurre	d atM	, fram the	causes an	d an th	e date			
22c. PHYSICIAN'S NAME (Type)  Roberto de Villarreal, M.D. St. Isonard, Md.  23o. BURIAL, CREMATION, REMOVAL (Specify)  1-15-62  23c. NAME OF CEMETERY OR CREMATORY  Halls Creek  Calvet Md.  24. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  25o. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	220. SIGNATURE	I all let	ower	0	ATTENDIN						22		
Roberto de Villarreal, M.D. St. Isonard, Md.  230. BURIAL, CREMATION. REMOVAL (Specify) 1-15-62   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City. town, or county)   (Stote)   Calvet   Md.  24. FUNERAL DIRECTOR'S SIGNATURE   ADDRESS   25o. REC'D BY REGISTRAR   25b. REGISTRAR'S SIGNATURE	22c. PHYSICIAN'S						-IOK []	H13.					
230. BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City. town, or county) (Stote)  Calvet Md.  24. FUNERAL DIRECTOR'S SIGNATURE 25b. REGISTRAR 25b. REGISTRAR'S SIGNATURE	NAME (Type)					200							
REMOVAL (Specify) 1-15-62 Halls Creek Calvet, Md.  24. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE				al, M.D.	St.								
Halls Creek  Cailvet, Md.  24. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE  ANDRESS  ANDRESS	230. BURIAL, CREMATIO	1				23	d. LOCATION	(City, town,	or county)	~.	,-	,	
0 \ = C 10 D \ 19'62   Calling & the case	KEMOTAE (Speciff)	1-15-6	52	Halls Cr	eek		4		Cal	re't,	M	d.	
	24. FUNERAL DIRECTOR	S SIGNATURE	A	DDRESS		250. REC'D 8							
	Antes	2011 E.	Ugung	. Pr. mi	ed mol	DATE	1 9 .05	ci	ribut d	. The	MA		
	201		11	1,70									

erol director, PHYSICIAN: The law requires that the death certificate be executed within 24 hours after TO HOSPITAL OR FIGURE WITHOUT AND ADDRESS THE LAW TO HOUSE THE GOOTH CONTRICTOR AND ADDRESS THE HOURS after may be retained the hospital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and campletely filled in by the page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shall the State Board of Health prior to burial, cremotion, or removal, and in any event, withman 2 hours after death.

VR A15 (4) 1SM 9/59

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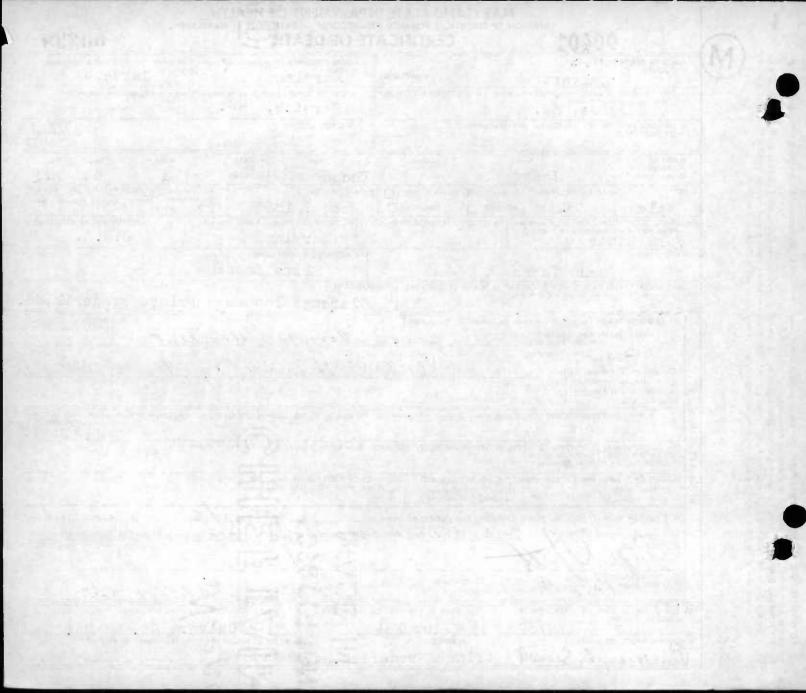
00401

# **CERTIFICATE OF DEATH**

00398

1. PLACE OF DEATH o. COUNTY	Calvert		MARYLAI	ND 2.	o. STATE Maryl	CE (Where decease	d lived. If instituti b. COUNTY			ission)
b. CITY OR TOWN RURAL and give Bar	(If outside corporate limit negrest town) STOW, Md.	s, write	c. LENGTH OF STAY IN	16	c. CITY OR TOW	OW, Md		URAL ond give	nearest to	wn)
d. NAME OF HOSE OR INSTITUTION	PITAL (If not in hospital, g N	ive street	address)		d. STREET ADDR	RESS			ON	A FARM?
3. NAME OF DECEASED (Type or print)	Jame		Middle	T	homas	4. DATE OF DEATH	Mor	nth	Day 6	Year 1962
5. SEX Male	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED  DIVORCED		ATE OF BIRTH Dec. ?	1868	9. AGE (In years lost birthday) 93 yrs.	Months Do		-
Farm La	arking life, even if retired)	lone 10b.	KIND OF BUSINESS OR I		Mary	land	country)		S.A.	COUNTRY?
13. FATHER'S NAME	Remus Thom	28		1.	4. MOTHER'S MA Eli	iden name	nas			
	VER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. INFOR		int t	Add		ederi	k,Md
The second secon	EATH [Enter anly ane ca EATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO		ne for (o), (b), and (c).]	leo -	Vaseu		ociden	1	INTERVAL ONSET AN	BETWEEN ID DEATH
Conditions, if gove rise to cause (o), statin lying couse los	immediate DUE TO		(area	i. i.d	( Nei	noul	ege/		201	dif S
PART II. O	THER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH	BUT NO	T RELATED TO TH	E TERMINAL DISEAS	SE CONDITION GIV	VEN IN PART 1	PERF	S AUTOPSY FORMED?
	WAS UNDERLYING THE CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	URRED. (E	inter noture of in	jury in Port I ar Pa	rt II of item 18.)			
20c. TIME OF INJU Hour o. m p. m	1.	While of wor	Nat while		OF INJURY (Hom , street, office blo	ne, farm, 20f. (Cit dg., etc.)	y or town)	(Cou	nty)	(Stote)
	nat (1) (this haspital ased alive on 1		ded the deceased from 19.61, and the			1950 ta_	the causes ar			(we) las
220. SIGNATURE	N/EX	/	7	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF			22b. DATE SIGNED
22c. PHYSICIÁN'S NAME (Type)		Se	77	*	22d. ADDRESS	NOE	1777	2/010	t.	
230 LURIAL, CREMAT REMOVAL (Specif		F 2	23c. NAME OF CEMETE Plum P		REMATORY		Calvert		Md.	ate)
24. FUNERAL DIRECTO	OR'S SIGNATURE	0 1	ADDRESS	i o ni		o. REC'D BY REGIS	197.3	ISTRAR'S SIGN		

of director, PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shat the State Board of Health prior to burial, crematian, ar remaval, and in any event, within 72 haurs after death. TO HOSPITAL OR A VR A15 (4) 15M 9/59



00399

DI ACE OF DEATH

64

ter this certificate has been signed by the attending physician and campletely filled in by the prol director, d for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with orior to burial, cremation, or remayal, and in any event, within 72 haurs after death. pital or attending physician.

PHYSICIAN: The law requires that the deoth certificate be executed within 24 haurs ofter

e hodetache detache Health	saw the deceased alive an 10 A.M. 19 62 and that death accurred at 2 M., from the co
nay be retained FUNERAL DIRE soge 3 should be he State Board o	22c. PHYSICIAN'S NAME (Type) ISSAM F. EL-1) AMALOUII PHYSICIAN'S PRINCE F
	236. BURIAL, CREMATION, REMOVAL (Specify) Burial  236. Date thereof 236. NAME OF CEMETERY OR CREMATORY 236. NAME OF CEMETERY OR CREMATORY Washington
VR A1S (4) 15M 9/59	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 250. REC'D BY REGISTRAR 262

	o. COUNTY			MAR	YLAND	o. STATE	vland	e deceased	b. COUNTY			re oamiss	ionj	
	b. CITY OR TOWN (IF RURAL and give neo	rest town)	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Lower Marlhoro								
	Prince Fred d. NAME OF HOSPITA OR INSTITUTION Calvert Co	L (If nat in haspital, g		address)		d. STREET AI		LDOP	)			e. IS RES ON A YES	FARM?	
	NAME OF DECEASED (Type or print)	Fic		Middle ANNA	UHRT	lost N TOT		DATE OF DEATH	Jan. 1		Do	,	Year (	
j.	SEX	44 4 44 744	7. MARE	IED X NEVER MARRI	ED 8	DATE OF BIRTH			9. AGE (In years lost birthdoy)	IF UNDER Months	1 YEAR Days			
	Female	White	WIDOWI				4, 189	-	68 yrs.					
Oc.	during most of warking Housewife	ng life, even if retired	)	NIND OF BUSINESS O	DR INDUST		Sylvai		ountry)		JSA	WHATC	OUNTRY	
3.	FATHER'S NAME	B-147 6		3 1		14. MOTHER'S	MAIDEN NA	ME				100	-	
	George I	Uhrin				Anna	Misch	orvio	ch					
	WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO	). 17. INI	ORMANT			Add	ress				
110	rs, ng, ar unknown) (II	yes, give war or dates of t	ervice)	Alexand .	M	rs. Geo	ree E.	Bar	sh, Low	ar Ma	rlh	oro	Md	
		H [Enter only one co	use per li	ne for (o), (b), and (c)	1 ,_	enelio		-	eiles		INTI	ERVAL BE	TWEEN	
		DUE TO		us reglet		^	ulpu	0 0				10	Jea	
	gove rise to im couse (o), stoting the lying cause last.	mediote (								6		oi s	Sock	
ATION	PART II. OTHE	ER SIGNIFICANT CON	DITIONS (	CONTRIBUTING TO DE	ATH BUT I	NOT RELATED TO	THETERMIN	AL DISEASI	E CONDITION GIV	EN IN PAR	T 1(a) 1	PERFO	AUTOPS'	
CERTIFIC	20a. ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY A	CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY C	CCURRED	. (Enter noture of	f injury in Pa	rt I or Port	t (I of item 18.)					
MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.	Month, Doy, Ye	ar 20d. II While at wor	NJURY OCCURRED  Not while k at work	20e. PLA foct	CE OF INJURY (Fory, street, office	lame, farm, bldg., etc.)	20f. (City	or town)	(1	County)		(State	
				led the deceased					the causes an					
	220. SIGNATURE	D . 7 ma	1-6	. Gudana	200	ATTENDING	GMED		STAFF PHYS.		,		SIGNE	
	22c. PHYSICIAN'S NAME (Type)	ESSAM 17	13	19ma (1-	1500]	22d. ADDRE	DRIN	ヨンロ	FREI	JEB	ick	(./	nd	
	BURIAL, CREMATION REMOVAL (Specify) Burial	Jan. 8,1		23c. NAME OF CEM					ngton I			(Stot	e)	
_	FUNERAL DIRECTOR'S			ADDRESS			25o. REC'D				GNATU	RE		
1	k. Televina	Floring	Hon	Maria na	Me man 1	and	DATE	WAN 8	'62	arthur	2 4			

The state of the s we say it will be the control SEPTEMBER 1 and a from their manufactures at the street of the street 20 m.a o) - Frederick (1-63 7 mall) PROPERTY AND 11 - 27 8211 (27) PLUSTANA (1- ) ST MARS The state of the s The second of th

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M	1. PLACE OF DEATH o. COUNTY Calvert  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Charles
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town)
	Prince Frederick BENEDICT 08x.2
64	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Calvert County  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES \( \sum \) NO \( \sum \)
	3. NAME OF First Middle Last 4. DATE Month Day Year
death.	(Type or print) GEORGE ROBERT WILLIAMS DEATH JAN 24 1962
5	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS.
T	m WIDOWED DIVORCED JAN 30, 1891 To yrs. Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?
(1)	RETIRED CARPENTER MD 4.5A
	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
#13.3E	GEORGE ROBERT WILLIAMS SR. JANE O. DEAN
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT
	NO 232-09-3996 KOBERT H. Williams, Benedict, Md.
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  INTERVAL SETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) July Marine July Giller
	O ) 1 DUE TO
	Conditions, if ony, which) (b) Interpolation Incurrence "1 3 week
	gove rise to immediate couse (a), stating the under. DUE TO
	lying couse lost. (c)
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES \( \sigma \) NO (A)
	YES NO I
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH I (IF EITHER, NOTIFY MEDICAL EXAMINER)
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m.  p. m.  19  20d. INJURY OCCURRED FLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) foctory, street, office bldg., etc.)
	Hour o. m.    While   Not while   roctory, street, office blug., etc.)     P. m.   19   of work   of work
	21. I certify that (1) (this haspital) attended the deceased from 1-22 1962, to Jan. 24, 1962, that (1) (we) last
EMBA:	saw the deceased alive an Jan. 24 1962 and that death accurred at 2A.M. from the causes and an the date stated above.
	22o. SIGNATURE 22b. DATE
	M.D. ATTENDING MED. STAFF PHYS.   J-26-62
	22c. PHYSICIAN'S PHYSICIAN'S PAME (Type) PHYSICIAN'S PAME (Type) PHYSICIAN'S P
	lage Civell Prince Frederick, Illd.
	23c. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stote)
	BURIAL 1-21-62 OLD FIELDS HUGHESVILLE, MD.
- 0	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR'S SIGNATURE
M	THE HUNTT FUNERO I HOME, WALDORF, MD. DATE AN 30'62 Chither S. Thrus

hospital or attending physician.

After this certificate has been signed by the ottending physician ond campletely filled in by After this certificate has been signed by the ottending physician ond campletes. Pages 1 and 2 may be retained TO FUNERAL DIRECTOR:

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